Rhinoplasty

In the past few years, more emphasis is being placed on conservation techniques in the surgical treatment of nasal deformity. Incisions are now planned to offer maximum exposure of the internal structures of the nose with minimum destruction of the mucous membrane and skin, thus lessening atrophy and the formation of scar tissue.

Better understanding of the physiologic function of the nasal septum with the relationship of the nasal pyramid is being stressed. Not only is cosmetic result important, but the maintenance of a functional airway is emphasized. The anatomic relationship of the upper and lower lateral cartilages with the nasal septum and how they affect breathing are important considerations.

In the ideal result the patient has excellent nasal function as well as a good cosmetic appearance. Therefore, the accomplished rhinologist strives to attain function as well as beauty.

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Microscopic Laryngoscopy

In the last three years, fiberoptically illuminated laryngoscopes have been developed which, by their brilliant light and improved design, permit use of the operating microscope during laryngeal surgical procedures. The operating microscope, with stereoscopic magnification, assists in the precise removal of lesions such as singer's nodules, polyps and leukoplakia, from the vocal cords. Magnification of 6 to 10 times favors complete removal while preserving the substance of the vocal cord. Use of the operating microscope also permits early identification and excision of malignant vocal cord lesions while they are still extremely small.

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Conservation Surgery of the Larynx

Conservation surgery is the term given to the laryngeal procedures which totally remove malignant lesions in selected cases while preserving one or both vocal cords and thus the patient's voice. Two such procedures are vertical hemilaryngectomy and supraglottic laryngectomy. Vertical hemilaryngectomy can be used to remove a localized lesion that is limited to the superficial layers of the true vocal cord, occasionally even after a full course of radiation therapy has failed. Supraglottic laryngectomy can be used to remove cancers limited to the false cord, aryepiglottic fold, epiglottis, base of tongue and piriform sinus. It is usually preceded by a partial dose of radiation therapy when the lesion involves the pharyngeal mucosa. Since so many of the patients with supraglottic malignant disease are in active middle life and anxious to return to work, preservation of the voice is especially desirable.

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Audiologic Evaluation in Newborns

Identification of hearing impairment as early in life as possible has been recognized and implemented in numerous newborn nurseries in the United States.

Downs and Hemingway (1969) found the incidence of hearing loss at birth to be one in